

As confirmed on 14 January 2024, any current staffing profile number and/or skill mix in a ward/unit which is better than what the SSL recommendations call for will be maintained.

NSW (proposed)				
ED (Level 3-6)	Medical/Surgical (NSW NHPPD wards)	Mental Health (NSW NHPPD Wards)	ICU (Critical Care)	Maternity and Multi-Purpose Services
1:1 in Resus on all shifts	AM 1:4 plus in charge	AM 1:4 plus in charge	1 RN: 1 in ICU plus in charge, all shifts, plus 1 ACCESS nurse for every 10-12 beds (for Level 5 and 6)	<p>Maternity: The review of Birthrate Plus® has commenced. It is widely acknowledged there are significant midwifery shortages statewide. Taskforce recommendations for Maternity skill mix ratios will be made after the Birthrate Plus® review is complete.</p> <p>Multi-Purpose Services: Taskforce discussions continue regarding implementation of our claim of three nurses on each shift, two of which must be RNs.</p>
1:3 on all shifts	PM 1:4 plus in charge	PM 1:4 plus in charge	1 RN : 1 in ICU plus in charge on 2 shifts for Level 4	
Supernumerary in charge varies, depending on ED levels and number of daily presentations	ND 1:7	ND 1:7 all hospitals	1 RN : 2 in HDU, plus in charge on 2 shifts	
Dedicated triage varies depending on ED levels and daily presentations	In B & C hospitals where patient numbers are less than 24, there is only one in charge shift	Supernumerary in charge – 16 hours per day	1:3 in CCU plus in charge on 3 shifts	
Skill mix of 85% RN: 15% EN in ED Level 5 and 6	Skill mix of 80% RN: 20% EN/AIN in acute wards. Limit of 1 AIN per shift	Skill mix of 80% RN: 20% EN/AIN Limit of 1 AIN per shift	1:2 in COU, plus in charge on 2 shifts	
Skill mix of 85% RN : 15% EN/ AIN in ED Level 3 and 4 with limit of 1 AIN per shift	Skill mix of 70% RN: 30% EN/ AIN in sub-acute wards. Limit of 2 AINs per shift	Limit of 1 AIN per shift		

This document should be read in conjunction with the Ratios Rollout: Phase One **'Safe Staffing Levels Taskforce Recommendations'** document, which gives full details of each of the proposed ratios recommendations.

What is the Safe Staffing Levels Taskforce?

Following the March 2023 state election, the NSW government established the Safe Staffing Levels Taskforce. The Taskforce is comprised of senior officials at the NSW Ministry of Health, Local Health Districts (LHDs) and officers of the NSWNMA, including your General Secretary and Assistant General Secretary.

The Taskforce is required to develop plans to implement the government's Safe Staffing Levels policy. To date, this process has seen agreement reached on much of the NSWNMA's Ratios Claim within five clinical areas however, the Ministry has sought some alternatives. These are the Taskforce recommendations you are being asked to consider.

Staffing & skill mix protections

As confirmed on 14 January 2024, any current staffing profile number and/or skill mix in a ward/unit which is better than what the SSL recommendations call for will be maintained. Under this clause, on any ward or unit where SSL is implemented:

- Staffing numbers can't be reduced,
- AINs can't be introduced into a staffing profile where they don't currently exist, and
- the percentage of RNs can't be reduced,

unless there is a review undertaken which considers clinical need. If the NSWNMA doesn't agree with the outcome of the review, the matter can be taken to a Dispute, including to the NSW Industrial Relations Commission if necessary.

Safe staffing ratios are a minimum, wards and units which have higher staffing numbers and/or better skill mix should keep them.

How enforcement/compliance will occur

- An escalation process that requires a positive obligation by the employer to comply (must be able to demonstrate attempts at recruitment, extra-hours, overtime, agency etc).
- Non-compliance, once flagged, must be addressed within 24 to 48 hours, whether that is at the level of ward staff and NUM/MUM, NSWNMA representatives, and facility DoN&M, or LHD/Ministry throughout the escalation process.

- Escalates from local solutions (following shift will be compliant), through to the Ministry intervening to alter patient flow, including reducing services and surge beds, or by agreement with the NSWNMA.
- Does not involve the Reasonable Workload Committee processes.

Maximum number of AiNs per shift

- This proposal includes AiNs in ratio numbers in some wards, but places a limit on how many AiNs can work on any one shift.
- This reform presents us with the opportunity to regulate the number of AiNs and the wards on which they can be employed, rather than allowing the current approach of increased growth in this classification through stealth.

Ratios are a minimum, not a maximum

- Wards or units currently staffed above the minimum ratio numbers will be maintained, with any proposed reduction in staffing in the future subject to consultation under the Award procedures.

Transitional arrangements

- The schedule for implementation is still being developed by the Ministry, meaning the exact implementation timing for each hospital and specialty has not yet been finalised. Once a particular facility or service commences under the implementation schedule, there will be a transition period before enforcement is possible, allowing for services to recruit the additional staff required to achieve the ratios.

It's time to have your say

You are now asked to consider these recommendations and vote to adopt or reject them.

IF AGREED – these recommendations would be reflected in the *Public Health System Nurses' and Midwives' (State) Award* and the staffing enhancements would commence from March 2024.

IF REJECTED – we will need to commence significant campaigning in 2024 to convince the government further improvements are required. Nothing will be achieved with PHS members simply voting no.